

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008895

1591

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED:

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis, Mo.		c. CITY OR TOWN St. Louis, Mo.	
Length of stay in 1b 6Yrs8mo21days		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Louis Chronic Hosp.		d. STREET ADDRESS Usona Hotel Waterman & Kingshighway	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Katherine Cordelia Kefauver			4. DATE OF DEATH Month Day Year 2-11-63
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 12-10-1876
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Teacher		10b. KIND OF BUSINESS OR INDUSTRY Public Schools	9. AGE (last birthday) 86
11. BIRTHPLACE (City and state or country) Middletown, Maryland.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME William Kefauver		13b. MOTHER'S MAIDEN NAME Elizabeth Chamberlain	
14. NAME OF HUSBAND OR WIFE Unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) no	
16. SOCIAL SECURITY NO.		17. INFORMANT 129 W. Patrick Mrs. Virginia D. Klos Frederick, Maryland	
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) 491x DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 5-21-56	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION St. Louis Co., Mo.		COUNTY STATE	
21. I attended the deceased from 5-21-56 to 2-11-63 and last saw her alive on 2-11-63 Death occurred at 8:55 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Joseph G. Smith, M.D.		22b. ADDRESS 5800 Arsenal St.	
22c. DATE SIGNED FEB 13 1963		23. NAME OF CEMETERY OR CREMATORY Valhalla Crematory	
23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		23b. DATE 2-13-63	
23c. LOCATION (City, town, or county) St. Louis Co., Mo.		23d. DATE RECD. BY LOCAL REG. FEB 13 1963	
24. FUNERAL DIRECTOR Albert H. Hoppe, Inc., 4700 Washington Blvd.		25. REGISTRAR'S SIGNATURE Ed Smith: M.D.	

USE BLACK INK.
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

• If this body is not embalmed, fact should be so stated above.

22-51-2

noted.

not checked copy, and, on 11/11/11.